

Review Schedule for CD Outpatient -State Approval Schedule

Name of Applicant: _____

Date Received: _____

Date Reviewed: _____

ARM 37.27.102 "Outpatient care component" means services provided on a regularly scheduled basis to clients residing outside a program. Services include crisis intervention; counseling; chemical dependency education; referral services; and a client follow up program after discharge. "Intensive outpatient care component" means treatment for persons requiring a structured outpatient program providing at least 10 to 30 hours of counseling and chemical dependency education services per week for a duration of four to six weeks. Services shall include assessment, group, individual, and family counseling, chemical dependency education, referral and discharge.

To ensure access to appropriate treatment the CDB considers an outpatient client to include both components of outpatient and intensive outpatient.

Montana Code Annotated and/or Administrative Rule Requirement	Does Application Meet Administrative Rule Requirement-Yes/No	Remarks
ARM 37.27.115 & 53-24-209 MCA Admission policy (Is admission policy provided that assure admission of persons program can for whom they can provide appropriate services, this is demonstrated by admission policy that conforms to requires of ARM and MCA)		
ARM 37.27.116 Does application contain a client rights policy that address respect, dignity, without regard to physical or mental disability, treatment of confidential information, reasonable opportunity to practice religion, use of food, clothing or other basic necessities, this is demonstrated by a client right policy/statement with clarification of how client is informed these rights		

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ARM 37.27.116 Does application contain a personal policy on staff behavior including but not limited to physical, psychological or sexual abuse, corporal punishment, or other forms of abuse, patient management, and consequences when staff persons violate program policies and/or rules		
ARM 37.27.116 Does application contain a client grievance procedure		
ARM 37.27.120 Does application contain an organization chart that clarifies: liens and delegation of authority, responsibilities, structure and reporting relationships, supervision		
ARM 37.27.120 Does application contain a description of the program and services to be delivered including but not limited to a policy and procedure manual, treatment plan requirements including periodic review, record keeping, individualized treatment plan, ow all services to client are provided, documented, etc., how service will be delivered, use of release of information authorizations, etc. This is usually documented through provision of one or more policy statements/manuals that set forth the policies for operation of the program.		
ARM 37.27.120 Does application describe the accounting procedure/structure to ensure appropriate accounting, accountability, etc. can be maintained for the program?		

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ARM 37.27.121 Does application provide a staffing pattern including policy and procedures to ensure appropriate credentials required for counseling staff, hiring process, supervision level, verification of credentials, -is the position a Licensed Addiction Counselor		
ARM 37.27.121 Does application provide a clinical supervision policy and procedure manual/statement that sets forth qualifications of the supervisor, schedule for supervision, etc.		
ARM 37.27.121 Does application provide policy on testing for communicable disease to include by not limited to HIV, tuberculin test, Hepatitis, ect.		
ARM 37.27.121 Does application provide clear policy on application of patient placement criteria, is criteria a nationally accepted set of criteria.		
ARM 37.27.121 Does application provide clear understanding of responsibility to provide treatment services based upon patient placement criteria and include the services of admission and screening, assessment, individual, group, family, family group, biopsychosocial, treatment plan completion, structured educational presentation, referral and transportation services, discharge and follow-up services.		

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ARM 37.27.121 Does application provide clear understanding of responsibility to provide crisis intervention services		
ARM 37.27.121 Does application provide clear understanding of requirement to have assessment and evaluations completed by licensed addiction counselor		
ARM 37.27.121 Does application provide clear understanding of the requirement to provide sufficient staff to deliver 24-hour on-call services.		
ARM 37.27.121 Does application provide clear understanding of the requirement to provide training, community orientation, and other forms of training to staff operating the program-this is usually provided through a policy on training and staff orientation		
ARM 37.27.121 Does application provide clear understanding of the requirement for provision of 24 hour- 7 day a week coverage		
ARM 37.27.121 Does application provide clear understanding of the requirement for delivery of treatment based upon treatment plan, and a minimum of plan review and updating every 45 days		
ARM 37.27.121 Does application provide policy on quality assurance reviews and procedures, utilization and effectiveness reviews, staff meetings		

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Montana Code Annotated and/or Administrative Rule Requirement	Does Application Meet Administrative Rule Requirement-Yes/No	Remarks
54-24-204 & 53-24-208 (2) MCA Does application address the requirement for non-duplication of service or at minimum provide adequate justification based upon acceptable reliable data of the need for duplication?		
54-24-204 MCA Does application encourage the forming of multicounty program for rural areas of service		
54-24-204 MCA Does application support this is an efficiency of services through existing programs.		
54-24-204 MCA Does application support the establishment of stable reasonably enduring services for the area-this is usually demonstrated by provision of clear information on how the operation will sustain financial stability, funding, etc.		
ARM 37.27.121 Is the staffing identified for the program adequate to deliver the 24 hour 7 day a week crisis response, to deliver both outpatient and intensive outpatient services required by clients.		
53-24-208 MCA Does the application provide for a sliding scale to be applied to all applicants for service		
53-24-208 MCA Does the application provide a clear understanding of the applicants responsibility to report information on all client to the Department's ADIS		

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53-24-211 MCA Does the application provide information documenting that the program is including in the county plan for CD		
53-24-211 MCA Does the application provide documentation from the County Commissioners of their approval/denial of the applicants request. This must be a written statement signed by the county commissioners		
53-24-108 (5) MCA Does application provide clear understanding that acceptance of ear marked alcohol tax required provider to accept all applicants for services regardless of ability to pay.		

Other Comments/Summary/Conclusion: